

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One:

☒ Initial

☐ Amendment (Explain) _____

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CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Brown, Timothy, Charles

DAYTIME TELEPHONE NUMBER

(949) 640-6662

FAX NUMBER (optional)

(949) 6406663

E-MAIL (optional)

tim-brown@sbcglobal.net

STREET ADDRESS

562 Vista Flora

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

OFFICE SOUGHT (POSITION TITLE)

City Council Seat

AGENCY NAME

Newport Beach

DISTRICT NUMBER, if applicable.

District 4

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County

☐ Multi-County:

(Name of Multi-County Jurisdiction)

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/01/13
(month, day, year)

Signature 
(Candidate)